Combined Declaration For Patent Application and Power of Attorney  ATTORNEY DOCK 86161WFN							OCKET		
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
AN IMAGING SYSTEM USING COMBINED DICHROIC/HIGH-PASS FILTERS									
The specification of which (check only one item below):									
x is attached hereto.  was filed as United States Application Serial No. on and  was amended on (if applicable)									
was amended on (if applicable).  was filed as PCT international application Number on and was amended on (if applicable).									
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment								endment	
referred to above.  I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title									
37, Code of Federal Regulations, §1.56.									
I hereby claim foreign priority be certificate, or (365 (a) of any PC					_				
and have also identified below a	ny foreign applica	ations(s) for patent	or inv	entor's certificate or any P	CT internati	onal app	lication(s) de	signatin	g a least
one country other than the United priority is claimed:	I States of Americ	a filed by me on the	he sam	e subject matter having a fi	ling date be	fore that	of the applica	ation(s) o	of which
PRIOR FOREIGN/PCT APPLI	CATION(S) ANI	D ANY PRIORIT	Y CLA	IMS UNDER 35 U.S.C.	119:				·········
COUNTRY (if PCT, indicate PCT)	A A	PPLICATION NUMBER		DATE OF FILING (month/dayyear)			PRIORITY CLAIMED U	NDER 35 USC	
	<u> </u>						YES		NO NO
							YES		NO NO
						L	ll		
I hereby claim the benefit under I						(s) listed	below:		
PRIOR PROVISIONAL APPLI	PPLICATION(S) ANI	ANY PRIORIT	Y CLA	IMS UNDER 35 U.S.C.					
PROVISIONALA	PPLICATION NUMBER		1		FILING DATE (mo	nth/day/year)			······································
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:									
PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER 35USC§120:									
U.S. APPLICATIONS STATUS (Check one)									
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENTI	ĒD	PENDING	ABA	NDONED	
	:								
PCT APPLICATIONS DESIGNATING THE U.S.									
PCT APPLICATION NO. PCT FILE		NG DATE  U.S. SERIAL NUMBERS ASSIGNED (if any)							

Combined Declaration F r Pat nt Application and Pow r f Attorney (Continued)	ATTORNEY
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Se	nd Corresp	ondence to:		Direct Telephone Calls to:	
		Patent Legal		(name and telephone number)	
		Eastman Kod 343 State Stre	William F. Noval		
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		Rochester, N	FAX: 585-477-4646		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
- 1		Vizard	Douglas STATE OR FOREIGN COUNTRY	L. COUNTRY OF CITIZENSHIP	
0	RESIDENCE & CITIZENSHIP	Durham	Connecticut 06422 USA	US	
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2	INVENTOR	Mclaughlin	William	E.	
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_	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
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3	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	
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<u>.</u>	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
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6	BUSINESS ADDRESS	BUSINESS ADDRESS	СПУ	STATE & ZIP CODE (COUNTRY)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

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